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BOROUGH



OF LEIGH.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE

Year ended 31st December, 1925.

LEIGH :

Collins & Darwell Ltd., Printers, Hope Street,



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BOROUGH OF LEIGH, 1925.

EDUCATION COMMITTEE.
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Deputy Chairman :

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Rev. L. S. MURDOCK

Mrs. GRUNDY

Mr. J. B. PARKINSON

Staff of School Medical Service.

Medical Officer of Health and School Medical Officer :

J. CLAY BECKITT, M.R.C.S., L.R.C.P., D.P.H.

Ophthalmic Surgeons :

J. SACKVILLE MARTIN, M.D.

G. H. SHAW, M.B., C.M.

Operative Surgeon :

F. PEARCE STURM, M.Ch.

Anæsthetist :

J. JONES, M.D.

Aural Surgeon :

F. PEARCE STURM, M.Ch.

Dental Surgeon :

E. ENTWISLE, L.D.S. Eng.

Health Nurses :

Miss BELYEA

Miss SMITH

Miss BOYDELL

Miss GOULDEN

Clerk :

Miss PASS (resigned Dec. 31)

Miss NORMAN (appointed Dec. 14.)

TOWN HALL,
LEIGH.

To the Chairman and Members of the
Education Committee of the Borough of Leigh.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my Annual Report on the Medical Inspection and Treatment of School Children in the Public Elementary Schools in the Borough of Leigh for the year ending 31st December, 1925.

The following tables show the particulars of the Schools, accommodation and attendance :—

		Mixed.		Infants.		Total.
Average on Register	..	4901	...	2216	...	7117
Average Attendance	...	4467	...	1924	...	6391
Percentage Attendance	...	91·1	...	86·8	...	89·5

		Schools		Departments.		Accommodation.
Provided	...	1	...	3	...	940
Non-Provided	...	17	...	33	...	8121
		18	...	36	...	9061

There were no half-timers in the Schools.

Treatment continues to receive considerable attention, and quite a number of defects are now dealt with. Amongst others, enlarged tonsils and adenoids are operated on, defects of vision are corrected and spectacles provided, diseases of the ear and nose, dental and minor ailments, including skin diseases, blepharitis, ringworm, injuries, etc.

The public continues to show its desire for School Treatment Clinics, and instead of the passive opposition exhibited a few years ago, the requests for early treatment sometimes become disconcerting. Real opposition is practically never met with now.

The Teachers also, by their constant reference of children to the Clinics with request for treatment and advice, show their confidence in the service and appreciation of the benefits.

By the use of Clinic Attendance Cards the minimum absence from school in attending the various Clinics is secured and credit for attendance is safeguarded as much as possible.

The object aimed at is to ensure that every child shall be capable of receiving benefit from the education given in the ordinary Elementary School, or steps be taken to ensure either the child shall be made capable or placed in surroundings suitable to its mental or physical capacity.

There are a number of children still in the ordinary classes who would greatly benefit by special methods of instruction. The system of having graded classes for more or less defective or backward children in the larger schools is worthy of the careful consideration of the Committee.

There are also a number of children whose physical and mental health would be greatly benefited by attendance at an open-air school, in fact many have to be excluded for weeks at a time from the ordinary school who would make regular attendance at an open-air school, with improvement to their health.

The practice has long passed the stage of experiment, and the permanent benefit to health and educational progress of the children who attend such schools has proved its real value.

It is the experience of districts provided with open-air schools that children, too delicate for an ordinary school, stand the wide open doors and outside air temperature not only without prejudice, but with great improvement to physical and mental health. It is also a significant fact that incidence of infectious diseases such as Measles, Influenza, Whooping Cough, etc., is less amongst children attending the open-air schools than those attending the ordinary schools, and every year that a child escapes the common infective diseases of children, the less the mortality and the risk of crippling. These schools, thus, are of positive value in the prevention of infectious disease.

An alternative to local open-air schools in the form of a School Camp at Prestatyn for the accommodation of forty children has been submitted to the Board of Education and has received the Board's conditional approval.

There can be little doubt as to the benefit that will be derived by the pupils during their attendance at the School Camp, partly on account of the healthy surroundings and sea air, but more especially by their almost constant exposure to sun, light and open air.

Much the same results could be and are obtained by having one side of the class-room of an ordinary school open. The objection of exposure of the pupils to cold is purely mythical, for if delicate, anæmic and convalescent children can tolerate and recover in an open-air school, surely an energetic child in fair health can stand the exposure. Conditions of surroundings which will help to recover health must assist in maintaining health.

Closely associated with the question of fresh air during school hours is that of playing fields for school children after school hours. The necessity of such provision becomes more acute every year. Vacant plots of land are being taken up for building purposes and thus cease to be available for the purpose, unsuitable as their condition usually is, the increase of motor traffic on the street increases the danger to children playing there, and the injustice is felt of making provision for adult enjoyment whilst leaving the children, who have no voice in the matter and whose natural instinct compels them to run about somewhere, to expose themselves to danger in the street or play in a pokey back-yard.

There are still a considerable number of vacant building plots in the various parts of the town which could be made reasonably suitable at small cost and which would prove a boon to parents, children and the public.

I commend the question to the serious consideration of the Committee.

The prevalence of vermin in the children's heads, especially of girls, continues to be deplorable. It causes a serious loss of attendance and is often the commencement of more serious trouble. The introduction of septic matter into the scalp, through scratching, causes enlargement of the glands of the neck, and the glands thus weakened are naturally prone to tubercular infection.

Very serious and persistent attention has been devoted to the matter, and a large proportion of the Nurses' time is taken up in detecting and treating the condition, and with the staff available inadequate attention must of necessity be given to this important work. It is however satisfactory to find that the attention given is receiving some reward. Whereas the percentage of children found unclean during 1924 was 8·1, last year it was reduced to 5·8.

The girls' heads are inspected and re-inspected on the following occasions :—

- (a) Routine Medical Inspection.
- (b) Nurses' Routine Inspections for Cleanliness.
- (c) Frequent surprise visits for ascertaining Uncleanliness.
- (d) Every visit to the School Inspection Clinic.

The results of such examinations of heads and bodies are as follows :—

Total Inspections for Cleanliness	...	17059
Number of Children found Unclean...		1021
Percentage		5.8

The efforts have certainly been amply rewarded, but the condition will never be eradicated until a healthier public opinion prevails in the matter. People do not realise that the presence of nits is impossible without the living lice whose eggs they are, or that their presence is not an indication of robust health.

In dealing with them an attempt is made to impress on the mothers the fact that where children are congregated together infection may take place in spite of the utmost cleanliness.

The co-operation of the Teachers, in particular the Head Teachers of the infant departments, is solicited in an endeavour to insist as far as possible on the mother, when she enters the child on the school register, promising to keep the girl's hair short or tightly plaited when in school, during the whole of her school life. If one or other of these methods and better cloak-room accommodation were available, I consider infection through the school environment would be almost nil.

Infections due to home conditions would still have to be dealt with, but as the source could be more easily ascertained, and being more limited, concentrated pressure could be applied with better prospect of success. I have received constant and effectual assistance from the local Inspector of the N.S.P.C.C. in dealing with this class of habitual offender, who are usually careless and slatternly mothers, or widowers who have failed to make proper arrangements for the care of the house and the children.

A note is sent to the parents of all children found to have nits or vermin, or to be in a foul or filthy condition, calling their attention to the child's condition and giving instructions for cleansing. They are re-examined by the School Medical Officer in a few days at the

Inspection Clinic, and if satisfactory progress has not been made, pressure is brought to bear on the parent followed if necessary by a visit from the Inspector of the N.S.P.C.C. The combined efforts usually succeed, if only temporarily.

Probably when parents realise that adverse reports by S.M.O's. to the Juvenile Employment Exchanges are likely to be issued for this condition, they will make a serious attempt to keep the heads clean.

A close co-ordination between the School Medical Service and the various portals of Juvenile Employment is desirable. It would secure a high standard of efficiency of the candidates for employment and a much diminished incidence of vermin in girls' heads if the S.M.O. was entrusted with certifying of children for employment instead of the Factory Certifying Surgeon.

The loss of wages appeals much more forcibly than any sense of moral responsibility or decency.

I have received hearty co-operation from the Teachers, who have rendered great assistance in securing early treatment and proper care for those requiring it, and referring doubtful cases for advice to the Clinics. I am satisfied they are anxious to support the objects of the Medical Service. I wish to tender them my sincere thanks.

My gratitude is also due to the N.S.P.C.C. and its local representative, Inspector Farrell, for his energetic, ready and most valuable assistance. My thanks are heartily tendered to the Health Nurses for their untiring devotion to duty and keenness to improve the service.

During the year a Branch Centre was opened in Coal Pit Lane, Westleigh, and used as a School Clinic and Welfare Centre.

It has proved very valuable and useful on account of its situation in the midst of a congested industrial population and the relief of the pressure at Stone House.

The mothers of the district have shown their appreciation of its proximity, by their large and regular attendance and spontaneous desire to obtain the benefits mostly in advice and guidance the staff is able to afford.

An arrangement has been entered into—with the approval of the Board of Education and the Ministry of Health—whereby the services of four special treatment clinics are available for the treatment of infants and children of pre-school age suffering from ailments dealt with by those clinics.

You receive full fees from the Maternity and Child Welfare Committee, who in turn recover what payment they consider fair from the parent.

The arrangement has worked very satisfactorily and should show future benefit amongst school children.

Many more should as a result be able to enter school free from the special defects amenable to treatment, by reason of their previous removal, and the danger of the permanency of the defect be largely discounted.

2.—CO-ORDINATION WITH OTHER HEALTH SERVICES.

The School Medical Officer is also Medical Officer of Health and has charge of the Child Welfare Organisation. Co-ordination of supervision is thus secured.

The respective Committees have approved of the principle of amalgamating the Staffs of the School Medical and Child Welfare Departments. By this amalgamation an end has been put to a purely arbitrary division of work which could not be defended on the grounds of economy or efficiency. The child is now under supervision of one set of officials from birth onwards, and even ante-natal conditions are the concern of the same official.

There is no Nursery School in the Borough.

The care and treatment of debilitated children below school age are secured through the Maternity and Child Welfare Scheme by :—

Private Medical Practitioners.

School Treatment Clinics.

The Local Hospitals.

Special Hospitals.

The Health Nurses visit the homes, advise the parents and endeavour to get every case properly treated.

3.—SCHOOL HYGIENE.

The School Medical Officer has inspected all the Schools, some of them two or three times, during the year. They are all more or less defective ; some to a serious extent, others less so.

The grounds of complaint most common perhaps are :—

Unpaved playgrounds.

Lack of facilities for washing and drinking.

Inadequate and improper cloak-room accommodation.

There is usually no arrangement for drying clothes, and the cloak-rooms are generally dark, cold and dirty.

Boiler fire cinders form the covering of most of the playgrounds. They are dangerous when first put on as large clinkers, and later, when broken up by tramping, become a bed of fine black dust in fine weather, and a sticky morass when wet. It is impossible to keep Schools reasonably clean when so much black dirt is carried into the building on the children's boots and clogs.

It all becomes black dust, and is stirred up time after time by the movement of scholars.

It is quite exceptional to find reasonable facilities for the drinking of water and washing. All the Schools have town's water laid on.

Many of the water closets are flushed by "tipplers." They are very unsatisfactory, and are constantly getting out of order. There is room for improvement in the cleanliness also. Improper use is very often the reason, and causes some necessary irritation to the caretakers.

The ventilation of the schoolrooms is fairly good. Natural means is usually relied on, and where the Teachers take an intelligent interest in the matter quite satisfactory results can be got. There is not sufficient attention given, however, to the flushing of the rooms during the short play intervals.

The lighting of the class-rooms, with very few exceptions, is satisfactory. Although the window area in many cases is below what is desirable, the absence of over-shadowing trees or buildings ensures a fair amount of light entering the room.

The desks are generally so placed as to secure the best advantage, and in accordance with established principles, but more than three-quarters of the desks used in the Schools are of the continuous type, without back-rests, and with the seat placed too far back from the desk. These relative positions entail considerable bending forward of the child's body, and more or less resting on the desk. It is an unnatural position, conducing to restriction of chest movement and a stooping posture.

Most of the Schools lack reasonable accommodation for the Teachers ; they have no retiring room, and usually no private sanitary arrangements.

I am pleased to note there was not the same tendency to crowd a class into a small compass, instead of spreading them out to cover the largest area available. Catarrhal, and particularly respiratory diseases, are much more likely to be disseminated amongst the children by crowding, and last year I made a point of calling the attention of the Teachers to the matter. The cleansing of the Schools is very unsatisfactory. I consider they ought to be as clean as the rooms at home, but I am sure any housewife of average self-respect would be ashamed to see her floors and furniture in the state usually found in our Schools.

There is no arrangement at any of the Schools for the warming of meals that might be brought by the children to School, but as the district is an urban one and surrounded by semi-urban districts with their own Schools, the children reside quite near the Schools at which they attend. It is unlikely that advantage would be taken of any facilities available.

The Managers of some of our Schools have schemes in hand for alteration and improvement of the premises. In the meantime a special effort is being made to secure satisfactory cloak-room accommodation, improvement in seating, and a cleaner condition of the buildings. Progress, however, is very slow.

4.—MEDICAL INSPECTION.

A.—Groups Inspected.

All the children present in School on the occasions were inspected belonging to the following age groups :—

- (a) Entrants—those admitted to School during the 12 months preceding March 31st, 1925.
- (b) Intermediates—those between 8 and 9 years of age.
- (c) All who have reached 12 years of age, unless they have been examined since reaching that age.
- (d) Special cases referred by the Teachers, etc.
- (e) Applicants for admission to Leigh Holiday Camp at Prestatyn.

B.—The Board's Schedule of Medical Inspection has been followed.

C.—Ascertainment of Cripples.

Infants suffering from congenital crippling conditions and those showing evidence of crippling diseases are kept under observation, and such steps taken to secure treatment as are necessary by the Health Nurses.

Treatment—surgical, mechanical and educational—is secured either through—

- (a) The Private Practitioner.
- (b) General Hospital.
- (c) Special Hospital.

A list for permanent record is being compiled of all known and ascertained cripples, of whatever age or cause.

The absence of arrangements for massage and corrective mechanical treatment is to be deplored, and forms a serious breach in an otherwise fairly complete treatment service.

Children return home from hospital after an operation requiring frequent and prolonged massage, for which no provision is made. A highly successful operation, often at the expense of the Committee, may have been carried through, but the cure cannot be completed without the assistance of the masseur, and thus money is spent without securing the benefit available.

It is hoped this omission will soon be rectified by a scheme for the organisation of an Orthopædic Clinic, which has received the conditional approval of the Board of Education.

D.—Disturbance of School Arrangements by Routine Inspection.

Very few Schools have a vacant room in which the inspection can take place. Consequently it entails a re-arrangement of the classes, making provision for at least one class in a room already occupied. In many cases the disturbance is even greater on account of the inspection room being entered from another class-room and all the children about to be inspected having to pass through this room.

The Head Teacher invariably places his services at my disposal, and often the Assistant Teacher is present during the inspection of the members of his or her class. I encourage their presence, and find their observations of great value. They receive advice first hand, and undoubtedly take a greater interest in the defective condition pointed out to them. They also act as an ideal link between the doctor and the parent in the absence of the latter, and are a potent factor in securing treatment by the more indifferent parent.

5.—FINDINGS OF MEDICAL INSPECTIONS.

Review of the facts disclosed by Medical Inspection :—

A.—Uncleanliness.

Frequent routine inspections for cleanliness are carried out by the Health Nurses.

Printed instructions for cleansing are given to the scholar to convey to the parent.

If necessary the child is excluded. The case is followed up at once if excluded, or if on a subsequent visit to the School the cleansing has not been satisfactorily carried out. The child also attends the Inspection Clinic weekly.

Uncleanliness is also looked for during the routine inspection and at the Inspection Clinics. The same procedure is followed with regard to treatment.

The School Medical Staff is much encouraged by the increasing and consistent interest in this matter shown by the Teachers, and their determination that the children shall enjoy the pleasure of self-respect secured by a clean body.

The eradication of nits in girls' hair entails an enormous amount of time and attention, and is made more arduous by the indifference of the mothers ; in fact some parents seem still to look upon the presence of lice and nits as evidence of robust health.

Plaiting and bobbing the hair seem to some extent to diminish the dissemination, but these methods of dressing the hair are not at all popular, and even strongly resented by many parents. Many of the Teachers make an effort to insist on the point, but feel they lack power to enforce it.

The improvement during the year is, however, very marked. Whereas 8 per cent. of those examined in 1924 were found unclean, less than 6 per cent. were in that condition in 1925.

B.—Minor Ailments.

These consist of Impetigo, Eczema, Ringworm, Blepharitis, Injuries, Enlarged Glands, Anæmia, etc. They are treated at the Minor Ailment Treatment Clinic by the Nurse under the supervision of the School Medical Officer, if not otherwise attended to after notice has been sent to the parent.

Excluding cases of uncleanliness, 863 were found during the course of inspection. Particulars of treatment are contained in Table IV. of the Appendix, and the following table shows the nature and respective numbers of the minor defects found :—

Minor Defects.	No. Requiring Treatment.			No. for Observation.			Total.
Enlarged Glands (Non-T.B.)...	1	...	4	...	5		
Defective Speech	3	...	1	...	4		
Heart and Circulation (including Anæmia) ...	168	...	53	...	221		
Skin Diseases	72	...	13	...	85		
External Eye Disease ...	102	...	2	...	104		
Lung Disease	42	...	—	...	42		
Nervous Diseases	—	...	—	...	—		
Other Minor Defects ...	209	...	63	...	272		

C.—Tonsils and Adenoids (one or both).

The table below shows the number of children found at Medical Inspections to be suffering from these defects, with the relative frequency of the respective conditions :—

Enlarged Tonsils.	...	Adenoids.	...	Enlarged Tonsils and Adenoids.	...	Other Conditions.
314		118		67		9

Only those were referred for operative treatment who showed evidence of resulting interference with normal breathing, or the tonsils were so large as to manifestly warrant removal.

D.—Tuberculosis.

Before the diagnosis is definitely adopted every case, doubtful or otherwise, is referred to the Tuberculosis Officer for his diagnosis, and his opinion as to the infectivity of the condition in order to arrive at a decision as to school attendance. The following was the number of children so diagnosed :—

(a) Pulmonary	...	...	...	...	4
(b) Non-Pulmonary		...	...	...	16

E.—Skin Diseases.

This table shows the number of children found suffering from the various skin diseases specified :—

Impetigo.	...	Ringworm.	...	Other Diseases.	...	Total.
66		18		1		85

F.—External Eye Diseases.

Blepharitis was by far the most common disease found during inspection.

The parents are very indifferent with regard to treatment and constant and repeated urgings are necessary to get anything done. Treatment at the Clinic, I am satisfied, is the only satisfactory way of securing amelioration. Every facility is offered.

The following table shows the frequency of the several external eye diseases :—

Blepharitis.	...	Conjunctivitis.	...	Other. Diseases.	...	Total.
53		45		6		104

G.—Vision.

Sight tests are not applied to entrants at the Routine Medical Inspection. Snellin's type is used for all others.

Children revealing an acuteness less than 6/9 in either eye are referred to the Ophthalmic Surgeons for test and prescription, if the correction has not been efficiently secured by the parent after notice of the defect has been sent.

The following was the number found with less than 6/6, and the subjects of squint :—

Defective Vision	...	...	...	...	551
Squint	...	...	...	...	53

H.—Ear Disease and Hearing.

The following table shows the number of children suffering from suppurative otitis media alone, deafness without present otitis and those in which both are combined :—

Defective Hearing.	Otitis with Defective Hearing.		Other Diseases.		Total.
18	...	48	...	9	75

I.—Dental Defects.

This table shows the number of children with unsound or otherwise defective teeth as ascertained by the School Medical Officer :—

Number inspected	...	...	...	3078
Number found defective	...	...	...	986

Details of the result of inspection by the School Dentist are given in Section 8 and in Group IV. of Table IV. of the Tables.

J.—Crippling Defects.

The following table shows the cause of the crippling conditions as far as can be ascertained :—

		Tuber- culosis.		Paralysis.		Rickets.		Heart Disease.		Con- genital.		Injury.		Total.
Boys	...	6	...	17	...	4	...	5	...	—	...	2	...	34
Girls	...	4	...	17	...	5	...	—	...	6	...	1	...	33
Total	...	10	...	34	...	9	...	5	.	6	...	3	...	67

6.—PREVENTION OF THE SPREAD OF INFECTIOUS DISEASE.

The success of any steps taken to prevent the spread of infectious diseases depends on the early and reliable knowledge of its presence.

This information is obtained by :—

- (a) Statutory notification by Medical Practitioners and others to the Medical Officer of Health, who is also School Medical Officer.
- (b) Weekly Returns made by the Head Teachers of all absences and the ascertained cause to the School Attendance Officers and which are immediately submitted to the School Medical Service.
- (c) The Health Nurses.
- (d) The School Attendance Officers.
- (e) Daily return of fresh cases reported to be absent on account of infectious disease during its prevalence.

The first means is the only one which really satisfies the conditions laid down, as information received from parents is often quite unreliable.

Administrative action taken include—

- (a) Isolation of patient.
- (b) Nurses' visits to school affected, to detect and exclude suspicious cases.
- (c) Exclusion of contacts.
- (d) Secure home nursing and treatment.
- (e) Disinfection of Schools.
- (f) Improve general sanitary condition of the Schools.
- (g) Insist on free ventilation of the Schools.
- (h) Have the children evenly distributed over the maximum area available whilst in School.
- (i) Allow no infectious case or contact to be re-admitted until certified by the School Medical Officer.
- (j) Disinfection of the homes.

Patients suffering from Scarlet Fever and Diphtheria and their home contacts are excluded from School and not re-admitted until after inspection by the School Medical Officer at the termination of the usual period.

In the case of Measles, Whooping Cough and Chicken-pox, the infant contacts and other children who have not had the disease only are excluded, and inspected before re-admission.

7.—FOLLOWING UP.

Following the Routine Medical Inspections a notice is sent to the Head Teachers specifying the defect or defects found in each child in the School, with a request that any serious alteration in the condition should be at once notified, and that he should avail himself of every opportunity to impress upon the parents the advisability of securing the necessary treatment.

A notice is also sent to the parent stating the defect found, and requesting them to seek medical advice.

The parents of those found defective are subsequently asked to bring the child to the Inspection Clinic, and if treatment has not been received or is shown not to be satisfactory, a strong appeal is made to secure it at once, and the services of the Treatment Clinics are offered.

If the parent does not attend or the interview is unsatisfactory, the Nurse visits the home and discusses the matter with the parent.

In the event of failure to secure it, where treatment is reasonably available, the influence of the School Attendance Officer or the Inspector of the National Society for the Prevention of Cruelty to Children is solicited, according to circumstances.

Occasionally only is it necessary to seek the help of the Magistrates.

There are four Health Nurses engaged half time in School and Maternity and Child Welfare work respectively. Their School duties include attendance at :—

(a) SCHOOLS.—(1) At Medical Inspections.

(2) Systematic inspections for cleanliness.

- (3) In connection with outbreaks of Infectious Disease.
- (4) Examination of cases at request of Teachers.
- (b) CLINICS. —(1) Inspection Clinics.
- (2) Treatment of Minor Ailments.
- (3) Ophthalmic Clinic.
- (4) Operative Clinic.
- (5) Aural Clinic.
- (6) Dental Clinic.
- (c) HOMES. —(1) Following up defective children when treatment has not been secured.
- (2) To instruct and demonstrate to parents home treatment, especially with regard to cleanliness.
- (3) Ascertain cause of absence from Inspection or Treatment Clinics.
- (4) Investigate home conditions in cases of bad clothing and footgear.

Attendance at Clinics alone absorb 17 out of the 22 sessions (the working period of two Nurses) available per week, leaving only five sessions for all home and School visiting.

The Staff is manifestly inadequate to cope with the work undertaken, and, although the difficulties are met with a goodwill, much following up and School visiting has to be neglected.

This is much to be regretted, as I am convinced the most valuable and preventative work of the Nurses is done in the homes.

If this neglect is to be rectified an increase of Staff must be made.

During the year the Nurses carried out the following :—

No. of visits to Schools	...	...	287
No. of visits to Departments	..	...	327
No. of visits to Homes...	...	...	1273

8.—MEDICAL TREATMENT.

On the recognition of a defect the parent is informed of the fact by letter, or verbally if present, and is requested to consult the family doctor with a view to treatment. The Head Teacher is also notified of the defect.

A defect card is made out and the child subsequently called for re-examination.

If efficient treatment has not been obtained further pressure is put on the parent to take steps to secure it, or the services of the Special Clinics, in suitable cases, are offered. Minor Ailments, Dental, Aural, Ophthalmic and Operative Clinics have been held during the year.

We are still without an Orthopædic Clinic, and an arrangement for the treatment of Ringworm by X-rays.

Treatment of many minor conditions outside the Clinic is far from satisfactory. The length of time taken is out of all proportion to what is required under supervised energetic measures, and if exclusion from School is necessary, the loss of education to the child and grant to the Authority is serious.

(a) Minor Ailments.

The following diseases are included under this heading :—External Eye Diseases, Skin Diseases, Otorrhœa, Wounds, etc.

Treatment is carried out by the Nurses under the direction of the S.M.O. and Aural Surgeon. The Clinics are held each morning at Stone House and Coal Pit Lane.

The children who attend are examined by the S.M.O. at the weekly Inspection Clinic and the Surgeon at the Aural Clinic.

To interfere as little as possible with the education of those children who are not excluded, a "Clinic Attendance Card" is used, the child conveying it to and from the School and Clinic, with the times of departure marked on it.

An increasing number are being referred to the Clinic by the general practitioners of the district.

(b) Tonsils and Adenoids.

These defects continue to be prevalent.

In the case of enlarged tonsils in particular, great care is taken to distinguish between those merely showing their presence and those producing effects prejudicial to health. Only those are sent for operation who show evidence of the conditions producing physical disability.

The parent is interviewed and written consent for operation obtained. Printed directions for preparation and after-treatment of the child are given.

The child is brought to Stone House on the morning and put to bed for three hours before operation. They are retained till evening and examined by the Surgeon or Anæsthetist before being sent home in the ambulance. If necessary, the children could remain over night.

Special and detailed instructions for breathing exercises are given and parental supervision is insisted on. Inspection takes place eight days later, and the child is usually fit for school on the twelfth day.

The results have been most satisfactory and almost immediate. The facial expression, hearing and general health all participate in rapid improvement.

The Teachers also express their surprise at the increased attention and progress in School work as the result. I am convinced that from an educational point of view the work will return a good harvest, in addition to the economic advantage.

A special report on the work of the Clinic by the Surgeon and Anæsthetist will be found on pages 48 and 49.

(c) Tuberculosis.

All cases—Pulmonary and Non-Pulmonary—are referred to the Tuberculosis Officer through the parent, and appointments are made for the purpose. The influence of the School Medical Service is used to secure regular attention to the treatment, and some few cases are sent to Open-Air Schools if considered suitable and unlikely to secure admission to a sanatorium.

The services of the Tuberculosis Officer are used to decide the question of infectivity and school attendance.

All children of school age notified to the M.O.H. as suffering from Tuberculosis are reported to the S.M.O.

(d) Skin Diseases.

Treatment is received from—

- (1) Minor Ailments Clinics.
- (2) Private Practitioners.
- (3) Manchester Skin Hospital.

By far the most satisfactory means is the Clinic. Cure is ensured much earlier, and school absence is avoided in suitable cases.

Ringworm and Impetigo are the most common infectious skin diseases, and produce the greatest interruptions in school attendance.

X-Ray treatment is not yet available for ringworm and there is no cleansing station for Scabies and other forms of uncleanliness.

The heads of children infected with lice are cleansed by the Nurses at Stone House after failure to comply with the notice served under Section 87 of the Education Act, 1921, or by parents under the supervision of the Nurse.

More ample provision of cloak-room accommodation in the Schools, with numbered hat and coat pegs allotted to the individual child, would, I am satisfied, diminish the spread of these infectious skin diseases and vermin. Strict supervision of the use of the cloak-room is also necessary.

(e) External Eye Diseases.

These conditions receive treatment through one or other of the following :—

- (1) Private Practitioners.
- (2) Manchester Eye Hospital.
- (3) Minor Ailments Clinics.

The acute conditions generally procure efficient energetic treatment, but the diseases which occur usually in a more chronic form, such as Blepharitis, require such prolonged and persistent attention that apathy and carelessness often ensue before a cure is obtained. The result in these cases is distinctly unsatisfactory. Free treatment at the Clinic is the most promising method. Acute and Chronic Conjunctivitis was somewhat prevalent during the year.

Cases of Squint are treated as defects of vision.

(f) Vision.

Cases of acuteness of vision of $\frac{6}{9}$ and less, and Squint, are referred to the Ophthalmic Surgeons for examination and prescription.

The fee, by contract, is paid by the Education Committee, and the spectacles are paid for by the parents, wholly or in part, according to their circumstances.

The routine followed at the Ophthalmic Clinic is as follows :—

After a preliminary examination of the eyes, a mydriatic, consisting of an oily solution of homatropine and cocaine, is placed inside the lower lid of those about to be tested. They then return to the waiting-room, while those tested under the mydriatic the previous week are examined by the same surgeon subjectively, and the necessary spectacles and frames fitted.

The retinoscopic examination of the fresh cases is then proceeded with and the findings recorded. The children tested on previous occasions, and whose spectacles have been received, are also re-examined, with the spectacles on, to check the accuracy of the lenses and the fit of the frames.

On the occasion of the first and second attendance the child is given a "Clinic Attendance Card," returnable the same day of the following week.

Approximately six fresh cases and twelve re-examinations are dealt with at each session.

One hundred and seventy-nine children were examined at the Ophthalmic Clinic during the year.

Particulars are contained in the report of the Ophthalmic Clinic.

When glasses are procured, either privately or through the Ophthalmic Clinic, the Teachers are notified and requested to insist on the wearing of the glasses according to instructions.

Arrangements are made for the repair of the frames by a local mechanic, on special terms, at the expense of the parents.

Particulars of the nature of the error of vision will be found in the report of the Ophthalmic Surgeons.

(g) Ear Disease and Hearing.

Otorrhœa is treated by referring the cases to :—

- (a) Private Medical Practitioners.
- (b) Special Hospital.
- (c) Aural Clinic.
- (d) Minor Ailments Clinics.

The condition requires such long and persistent treatment that it is found the absence of control, associated with the two former channels, leads to slackness and early abandonment of attendance. Little assistance in the treatment can be obtained in the children's homes, and it is clear the Clinic is the only means by which cure can be anticipated. A Special Clinic, under the supervision of an Honorary Specialist, has been carried on during the year. The establishing of the Aural Clinic will, I hope, materially diminish the number of chronic running ears in the Schools, as advantage is already being taken to get the condition adequately treated in the early stage. Apart from the presence of wax in one or both ears, deafness was found to be due to Middle Ear Diseases caused by Measles, Scarlet Fever, or other infective Catarrhal Disease and Tonsils and Adenoids. Adenoids are found to be almost constantly present, and their removal has been found essential to successful treatment.

Treatment is urged in every case, and the necessity of persistence pointed out if attendant dangers are to be avoided.

We still have to carry on the treatment without the recognised benefit of ionization.

Further particulars of the work carried out will be found in the report of the Aural Clinic.

(h) Dental Defects.

The teeth are inspected at the Routine Medical Inspection by the S.M.O., and the children forming the five to ten years old group are inspected by the Dentist in the Schools, together with those who have been previously treated.

The parents of those children found at the Routine Medical Inspection to have defective teeth are informed of the fact and recommended to seek treatment. The Head Teachers are also notified and asked to support the advice given. The Dentist refers those children requiring treatment ascertained at his inspection to the Dental Clinic for subsequent attention, if treatment has not been otherwise obtained. Four sessions per week were given by the Dentist to inspections, re-inspections and treatment.

The findings at the inspections were as follows :—

		Total Number Inspected.	Percentage showing Defective Teeth.
Dental Inspection	Boys...	1997	59 per cent.
	Girls...	2044	49 „

It is anticipated the examination by the Dentist would be more thorough and, supported by the use of the mirror, etc., many small points of caries not observed at the medical inspection would be readily detected by the Dentist. An enormous amount of work of a conservative character is now being carried out by the Dentist.

(i) Crippling Defects.

The most common causes of crippling conditions are :—

- (a) Tuberculosis of Bones.
- (b) Infantile Paralysis.

Rickets, Congenital Deformities and Accidents also contribute.

The Tuberculosis cases are referred to the Tuberculosis Officer, and are kept under our joint observation, with mutual endeavours to secure appropriate treatment, and insisting on the parents giving the

necessary facilities. For active surgical and orthopædic treatment removal to a general or special hospital is required. The lack of local provision for massage is felt when they are subsequently sent home for convalescence. Complete remedy is often not obtained on this account, and the benefit of the previous treatment lost. It is hoped to establish an Orthopædic Clinic during the present year.

9.—OPEN-AIR EDUCATION.

There are no Open-air Schools or Class-rooms in the area.

The Teachers are urged to utilise the playgrounds as much as possible in suitable weather for lessons, but the atmospheric conditions of this district are not altogether suitable, being entirely industrial, and the proximity and exposure of the playgrounds to the streets, with the constant traffic, make it difficult for the children to give sufficient attention to their work.

A few of those children in which it is considered most necessary are sent to open-air residential schools for some months, with most beneficial results.

Open-air classes, or better still, one or more open-air schools in the area, would be a boon to scores of children who are starving for better hygienic conditions, and who cannot possibly be getting more than a fraction of the benefit from the instruction given on account of their low physical health. The Camp School, for which provisional approval has been given will, at least to some extent, meet the situation.

10.—PHYSICAL TRAINING.

The general scheme for Physical Training in the Schools is formulated jointly by the S.M.O. and the Organiser of Physical Training.

The S.M.O. takes advantage of every opportunity to observe the classes and discuss with the Instructor any matters which arise. He also advises—in regard to individual children, either referred to him for the purpose or which are met with in other ways—as to a modification of the training, application of special training, or entire omission of physical exercises.

Greater and more intelligent interest is being taken in the subject by teachers and pupils alike.

The establishment of the Primary Day Schools Association Football League has greatly stimulated the enthusiasm for out-door organised games, and, where the Teachers show their interest in the movement, distinct evidence of the development of the team spirit is apparent.

11.—PROVISION OF MEALS.

Dinners only are provided by the Authority, and are partaken of in a centrally situated dining-room, with kitchen attached.

The children attending distant Schools are brought in by bus.

Meals are provided six days a week, and continue through the holidays.

The dietaries are submitted for the approval of the School Medical Officer before being adopted and contain approximately 700 calories per meal.

The children are recommended by the teachers, and the circumstances of the parents ascertained by the School Attendance Officers and judged on the scale of income adopted by the Education Committee.

The cases are approved by the School Medical Officer.

Appended is a list of the menus at present in use :—

TWO COURSE DINNERS FOR 50 CHILDREN.

MONDAY.	Approximate calories per child.	TUESDAY.	Approximate calories per child.
Meat and Potato Pie, Rice Pudding.		Soup, Bread, Suet Pudding with Syrup.	
6 lbs. Meat		4 lbs. Meat	
40 lbs. Potatoes		6 lbs. Harvest Beans	
3 lbs. Flour		2 lbs. Lentils	
1 lb. Lard	700	2 lbs. Barley	
		3 lbs. Carrots	740
		3 lbs. Turnips	
WEDNESDAY.		THURSDAY.	
Stewed Beef and Jam Roll.		Meat and Potato Pie, Rice Pudding.	
5 lbs. Meat		6 lbs. Meat	
40 lbs. Potatoes		40 lbs. Potatoes	
4 lbs. Peas		3 lbs. Flour	
1 lb. Flour	747	1 lb. Lard	700

FRIDAY.	Approximate calories per child.	SATURDAY.	Approximate calories per child.
Irish Stew and College Pudding with Custard.		Meat and Potato Pie, Rice Pudding.	
6 lbs. Meat		6lbs. Meat	
40 lbs. Potatoes		40 lbs. Potatoes	
4 lbs. Carrots		3 lbs. Flour	
4 lbs. Turnips		1 lb. Lard	700
4 lbs. Onions	700		
Average cost per meal		3.16d.	
Average number of children fed...		54	

In addition, a local Charity supplies milk to recommended cases through the Director of Education.

Great care is exercised as to the cleanliness of the kitchen, dining room and utensils; the food is of the best, well cooked, ample and most cleanly served, and the Superintendent is to be congratulated on the very efficient manner the service is carried out.

12.—SCHOOL BATHS.

No school baths are provided, but the Leigh Corporation have allotted hours for the exclusive use of their swimming baths by school children, accompanied by a teacher. Use is made of this privilege to the fullest extent.

13.—CO-OPERATION OF PARENTS.

The parents of every child in the age group about to be inspected receives a notice from the Head Teacher that their child will be medically examined on such a day and time, with an invitation to be present. The parents of the younger children avail themselves of the opportunity in considerable numbers, and the parents of the older children are now attending in increasing numbers. Their presence is a great advantage to the S.M.O. and a benefit to the child, inasmuch as advice with regard to treatment is much more often acted upon than in other circumstances. The defective condition can be pointed out and the necessity for treatment explained in a manner much more appreciable than by letter. The lack of reasonable convenience for waiting at the schools is certainly a deterrent in some cases

In every case of an ascertained defect the parent is notified of the nature of the defect, and a request is made to consult the private medical practitioner with a view to securing appropriate treatment. The parent is later asked to bring the child to the Inspection Clinic, so that the efficiency of the treatment, if obtained, may be ascertained.

If the necessary steps have not been taken, or are insufficient, further effort is made to impress them of its importance, or the service of the Treatment Clinic is offered.

It is evident without the co-operation of the parent little treatment can be secured, and that even of the minimum value.

The ability to offer treatment for the more prevalent defects at the Special Treatment Clinics has made the service much more efficient, and enabled the School Medical Officer to more or less insist on treatment being obtained when necessary, but, as mentioned elsewhere, the request for payment for the treatment is a deterrent to some extent.

14.—CO-OPERATION OF TEACHERS.

(1) Medical Inspections.

The Teachers undertake to inform the parents of the children in the age group about to be inspected by a notice giving date, time and place, and an invitation to be present at the inspection.

They ascertain by circular the previous illnesses from which the individual child has suffered, entering them with the height and weight, age, etc., on the Medical Inspection Card.

They make arrangements as convenient as the circumstances of their school building will allow for suitable rooms for the use of the S.M.O. and waiting room for the parents.

The Head Teacher—and frequently also the Class Teacher—is present at the inspection, assisting in the general management, giving information of facts observed by them with regard to the children, and receiving opinions and advice from the S.M.O. in connection with the defects found.

The Teachers also present for special inspection, at the Routine Medical Inspection, children not of the age groups due for Routine

Inspection who, in their opinion, show evidence of physical or mental defect. Such children are sent by the Teachers at other times to the Inspection Clinic and Minor Ailments Treatment Clinics.

(2) Following Up.

At the close of the Routine Inspection of a school a list is sent to the Head Teacher of those children found defective, and giving the nature of the defect. They are asked to take advantage of every opportunity to bring the defect before the parents and urge the importance of securing treatment.

Any material change for the worse in the condition of the ailment is brought to the notice of the S.M.O. by the child being sent to the Inspection Clinic.

(3) Treatment.

I am satisfied the Teachers are anxious to co-operate in securing treatment and try to influence parents as opportunities occur. They send the children who are referred to the Treatment Clinics regularly and punctually. A system of "Clinic Attendance Cards" is in use for those attending school, whereon is marked the date and time of the next visit to the Clinic, the time of leaving school for the purpose and the time of dismissal from the Clinic. The card is retained by the Teacher till attendance at the Clinic is no longer required, except when the child is actually making the visit and returning.

I think the Teachers appreciate the definite information of the child's movements obtained by this means, and realise they are more than compensated for the attention required to carry it out.

The frequency with which the Teachers send to the Inspection Clinic children known by them to be suffering from certain defects, especially those defects for which no treatment is provided by the Authority, convinces me that they are anxious to secure a remedy as early as possible, and are prepared to exert themselves for the purpose.

15.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

(1) Medical Inspection.

By procuring the entrance to school of all children as soon as they attain school age, and ascertaining the arrival in the district of all newcomers, they make the group submitted for inspection as complete as possible.

(2) Following Up.

The School Attendance Officers are made aware of those cases of defects in which no effort is made to secure treatment. If absence from school on account of sickness follows, capital is made of the parents' neglect and dealt with accordingly.

Absence from Inspection or Treatment Clinics are also reported to them. Their investigation usually secures attention.

The list of absences on account of alleged sickness is supplied by the Attendance Officers to the Nurses, who visit the homes as far as the limited staff will allow or the children are called to the Inspection Clinic if the nature of their ailment will allow.

(3) Treatment.

The School Attendance Officers use their influence to induce parents to seek the medical treatment advised. If persistent neglect to do so, or refusal is met with, and exclusion from school is involved, the officers report the parents to the School Attendance Committee. There is a daily consultation and exchange of information between the School Attendance Officers and Nurses, who in turn report to the S.M.O. any matters considered by them to be necessary. All cases of persistent irregularity of attendance, and those absent through doubtfully alleged sickness, are referred by the School Attendance Officers to the S.M.O. for examination and report. The officers likewise report all cases of non-notifiable infectious diseases ascertained by them.

The officers also contribute to the compilation of the lists of cripples, blind, deaf, epileptics and mentally affected.

There is also a very close co-operation between the School Attendance and School Medical Services with a view to securing as regular attendance as possible, or if absence is necessary on account of sickness, procuring the appropriate treatment as speedily as possible.

16.—CO-OPERATION OF VOLUNTARY BODIES.

The services of the N.S.P.C.C. are utilized to promote cleansing of children's heads and bodies and in securing treatment by neglectful parents. The local Inspector has rendered an invaluable help in these

directions with the greatest willingness. His services have been exceedingly useful in dealing with negligent parents of children suffering from defects of vision, and other conditions likely to lead to serious defects where adequate treatment is not being secured.

A weekly consultation is held between the Inspector, School Attendance Officer and a representative of the Medical Service.

The Leigh Guild of Help has frequently responded with assistance in cases represented to them as deserving. Other organisations have also assisted in the payment of train fares for cases visiting special Hospitals for treatment, particularly the Leigh District Nursing Association.

The Leigh Needlework Guild and the Save the Children Fund have provided a considerable number of articles of clothing for necessitous children.

These organisations administer their help to school children through the Nurses.

The Local Clog Fund—through the Chief School Attendance Officer—provide necessitous children with clogs.

17.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Lists are being compiled of children suffering from :—

Crippling Conditions.	Blindness.
Physical Defects.	Deafness.
Mental Defects.	Epilepsy.

Names are contributed whenever and wherever met with at Routine Inspection, Inspection Clinics, or suggested by the Teachers or School Attendance Officers.

The cases are reported to the School Attendance Committee and appropriate treatment recommended. The Committee send children to the following Institutions :—

BLIND.	Henshaw's Blind Asylum, Old Trafford, Manchester.
	Catholic Blind Asylum, Liverpool.
	Thomason Memorial School for Blind, Bolton.
	Queen Alexandra Royal Schools for Blind, Birmingham.
	Fulwood Homes for Blind, Fulwood, Preston.
	Royal Schools for Blind, Leatherhead, Surrey.
	Leeds School for Blind, Leeds.

DEAF.	Thomason Memorial School for Deaf, Bolton. St. John's R.C. Institution for Deaf, Boston Spa. Royal Schools for Deaf, Manchester.
PHYSICALLY DEFECTIVE	Royal County Hospital, Heswall. Children's Hospital and Open-air School, West Kirby. St. Vincent's R.C. Surgical Home for Crippled Children, Eastcote.
MENTALLY DEFECTIVE	Leeds Special School for Mental Defectives, Armley, Leeds. „ „ „ „ Hunslet Hall Road, Leeds. R.C. Special School, Field Heath House, Hillingdon, Middlesex. Hastings and St. Leonard's Special School, St. Leonards-on- Sea.
EPILEPTIC.	Maghull Home for Epileptics. St. Elizabeth's R.C. Epileptic Home, Much Hadham, Herts.

If the parents are in a position to do so, they are asked to contribute to the maintenance and education of their child, the sum being fixed in each case on its merits by the Education Committee.

18—SUMMARY OF WORK OF THE SERVICE.

(a) Number of visits to :—

Schools	287
Departments	327
Homes of Children	1273

(b) Number of Certificates issued for :—

Exclusion	517
Re-admission	449

(c) Number notified to attend School Clinic...	8644
Attended	8629
Number of Communications to Parents...	10588
Attendances at Treatment Centre ...	6395
Number reported to N.S.P.C.C... ..	18
Number of Inspections for Cleanliness...	17059

J. CLAY BECKITT,
School Medical Officer.

Annual Report of the Ophthalmic Clinic.

Staff :—Dr. J. SACKVILLE MARTIN, M.D., M.R.C.S.

Dr. G. H. SHAW, M.B., Ch.B.

Clinic : Stone House.

To the School Medical Officer, Leigh.

Sir,

We have pleasure in submitting our Report for the year 1925.

During the year 34 Clinics were held.

The cases were referred to the Clinic by the School Medical Officer, under whose general supervision the work was carried out.

The patient is examined by retinoscopy under a mydriatic and a week later, subjectively. A third test is made with the spectacles *in situ* to check the correctness of the lenses and the fit of the frames.

Below are particulars of the work in tabular form :—

NATURE OF TREATMENT.

Examined by Retinoscopy.		Subjective Examination.		Spectacles Prescribed.		Spectacles Supplied.		Re-examined with Specs.
179	...	179	...	171	...	171	...	171

NATURE OF DEFECT.

Hypermetropia.		Myopia.		Astigmatism.		Various.
84	...	32	...	55	...	8

SUNDRY.

Referred to Eye Hospital	...	...	Nil
Referred to School for Blind	. .	...	Nil
Spectacles unnecessary...	...	...	4
No change in Spectacles	...	...	4
Number of Clinics held...	...	...	34
Number of Attendances	...	..	464

A parent is invariably in attendance and receives the necessary instructions as to the use of the glasses and future attention.

J. SACKVILLE MARTIN, M.D., M.R.C.S.

G. H. SHAW, M.B., Ch.B.

Annual Report of the Aural Clinic.

Staff:—DR. F. PEARCE STURM, M.Ch.

Clinic : Stone House.

To the School Medical Officer.

Sir,

I beg to present the Report of the Aural Clinic for the calendar year 1925.

The Clinic is held on Thursday mornings, but cases requiring daily treatment are attended to by the Nurse according to instructions.

The Clinic has been established for the purpose of carrying out prophylactic treatment on scientific lines. Its object is not to elaborate mastoid operations, but by sufficiently early treatment to forestall and render them unnecessary. Its work is founded upon the belief that the Eustachian tube begins at the tip of the nose, and that the tympanum is always affected by way of the Eustachian tube.

The Staff consists of :—

- (1) The School Medical Officer.
- (2) The Surgeon to the Clinic.
- (3) Clinic Nurses.

Patients are referred to the Clinic in the first instance by the S.M.O. always with due regard to the interests of any private medical practitioner concerned. Here they are examined by the Surgeon, who takes of each a detailed record, which includes hearing tests, and carries out or immediately supervises such treatment as may be necessary. Particular attention is paid to the daily dry aseptic dressing of all early cases of otorrhœa. Each patient is meticulously examined for the presence of adenoid growths, by anterior and posterior rhinoscopy, in such cases as will submit to these procedures, and when necessary by digital palpation, irrespective of such obvious indications as mouth-breathing and the so-called adenoid facies, for experience proves that

these are late symptoms which only too frequently indicate that irreparable damage has been done to the ear. Digital examinations, as a matter of fact, is rarely necessary, and even rhinoscopy is largely a finesse. The presence of granulations upon the posterior pharyngeal wall of a child, even in the absence of all other signs, is pathognomonic of adenoid vegetations, and can be relied upon. A small pad of suppurating adenoids, too significant to produce any of the classical symptoms of nasal obstruction, is, nevertheless, sufficient to initiate and perpetuate an intractable otorrhœa, which survives the most brilliant mastoid surgery, yet subsides upon the removal of its insignificant and often overlooked cause. When this simple truth is more universally realised the surgery of the temporal bone will always begin, and usually end, in the naso-pharynx.

I.

On former occasions these reports have laid particular stress upon the various forms of ear disease which result from infection and hypertrophy of the pharyngeal lymph-ring ; but there is unfortunately another train of disasters, not less serious, but less commonly recognised, which are traceable to the same source. I refer to diseases of the respiratory system. The Registrar General's returns show that these account for no less than one-third of all the deaths which occur in this country. The fact that the adenoid child always suffers in a greater or less degree from bronchial and pulmonary affections, which disappear as the result of efficient removal of the growth, is an actual proof that a large proportion of these killing diseases can be prevented.

During the last few years I have from time to time advocated in the medical press the necessity of extending the range of service of the School Aural Clinic to include diseases of the respiratory system in children, and have shown the operative removal of obstruction of the upper respiratory tract to be no more than a preliminary to efficient treatment. The school throat and ear clinic of the future will include in its range all abnormalities of the respiratory system as a whole, with particular reference to post-operative treatment of the adenoid child. In other words, the study of respiratory orthopædics will receive as much attention in this country as is already devoted to it in Germany and America. The mechanism of respiration in the child offers many as yet undeveloped opportunities for fruitful research, and some immediate problems of great practical importance.

One area of research which I have mapped out as a rich field for the school clinician deals entirely with the respiratory system of the child, and, though it has been published elsewhere, I reprint it here, for it is a definite statement of the work we hope to carry out in this clinic, and of some of the problems we hope to solve.

- (1) The definition of a "normal chest" in the child as regards
 - (a) skeletal structures ; (b) radiosopic and percussion images ;
 - (c) auscultation ; (d) vital capacity ; (d) pulmonary reflexes.
- (2) The investigation of the altered respiratory mechanism of the adenoid child, with special reference to abnormal respiratory reflexes.
- (3) The relation of adenoid hypertrophy to enlargement of the bronchial glands, and the clinical differentiation of such non-infective glandular hypertrophy from early phthisis.
- (4) The relation of rhinitis and sinusitis to pulmonary disease generally, with special reference to the possible existence of a direct anatomical connection between the para-nasal sinuses and the pulmonary lymphatics.
- (5) The elaboration of a definite system of post-operative respiratory gymnastics based upon a sound conception of the special conditions involved, but simple enough to be of general application. Though we all agree as to the value of such exercises, they are not generally provided for, and, where such provision is made, there is little unity of practice.

II.

The clinical and pathological observations made upon the material provided by this clinic during the past few years have led the present writer to formulate the theory that the pharyngeal lymph-ring in the human child is analogous to the test organ of certain lower forms of life. The function of both is the testing of the respiratory fluids, which, in the case of the lower animal, is the sea water in which the creature lives ; in the case of man, the atmosphere which he breathes and the blood which circulates through his body. As this theory will be dealt with more fully elsewhere, no further elaboration of it is needed here. It is mentioned merely to emphasise the fact that the human test-organ (that is, the pharyngeal lymph-ring whose chief components are the so-called

tonsils and adenoids) actually does, as a matter of observation, hypertrophy as the result of contamination of the respiratory fluids. The following brief summary of the conclusions arrived at is based upon a very large number of observations, not confined to the clinic alone, but extending over a period of many years.

- (1) The pharyngeal lymph-ring in the human being can be demonstrated as a functionally active apparatus between the fourth and fifth month of intra-uterine life. That is to say, the tonsillar tissue is available as soon as the child is viable.
- (2) Many children are born with hypertrophied tonsils and adenoids. In such cases one or another, or several, or all of the following factors are present :—(a) The environment of the mother during her pregnancy has been such that she has been deprived of pure air and light. (b) Her diet has been deficient in vitamins (particularly fat-soluble A vitamin). (c) She has been subject to conditions which conduce to physical exhaustion. (d) The father or the mother, or both, are themselves suffering from diseases of the pharyngeal lymph-ring, or from the effects of such diseases.
- (3) Children who develop tonsils and adenoids after birth, but in whom no food deficiency or lack of pure air can be demonstrated, are invariably the offspring of parents in whom some of the above factors are active.
- (4) Breast-fed children are no less liable to tonsils and adenoids than bottle-fed children. But again, breast-fed children who do develop this condition during infancy are invariably the offspring of parents in whom the same factors are demonstrably active.
- (5) In the vast majority of cases in which tonsils and adenoids have developed after the age of infancy, it has been found either that the diet has been almost exclusively carbo-hydrate or that the lungs have been fed upon the “air-sewage” of dark and badly-ventilated dwellings.
- (6) In view of local habits of diet it is interesting to underline the following well-established points :—

- (a) Fat-soluble A vitamine is absent from white bread frying-oil and patent foods.
 - (b) Water-soluble B vitamine is absent from fish, white bread and tinned foods.
 - (c) Water-soluble C (antiscorbutic) vitamine is absent from dried peas and beans and tinned foods.
- (7) The vast majority of nursing mothers in industrial England live on food which is at least seriously deficient in the essential fat-soluble A vitamine. Whole milk and fresh eggs cannot be obtained in many cases, and butter is an infrequent luxury, for which margarine is not an efficient substitute.
- (8) The problem of the adenoid and catarrhal child, which is one of the root problems of preventive medicine, is not a medical but a social and economic problem.

III.

Chronic suppurative otitis media is still the major problem of the School Aural Clinic. I shall not deal here with the question of operative treatment, nor with ironization, successful as both have proved to be, for unfortunately we have as yet facilities for neither, whatever the future may hold. Nor do I wish to repeat at length what has been said in former communications with regard to routine treatment by trans-meatal drainage and disinfection of the middle ear, except to emphasize the fact that home treatment of such cases is still almost invariably a failure. The technique is simple, and when carried out at the clinic very often successful, but in the home it seems impossible to obtain the most moderate requirements of surgical cleanliness.

As all infections of the middle ear in childhood come from diseased conditions of the nose and pharynx, it is useless to hope for any success in treatment until a healthy naso-pharynx has been obtained by the removal of diseased tonsils and adenoids and the cure of the rhinitis which always accompanies these. Nor is it of any use to remove the tonsils and adenoids in the presence of dental decay. The first step therefore is to refer such cases to the dental surgeon; the second the treatment, operative or otherwise, of naso-pharyngeal infections and diseases; and then, and only then, scientific application of the conservative methods about to be described.

The commonest routine method of treatment is to cleanse the ear, either by dry mopping, or syringing, or both, and then to instil drops consisting of an alcoholic solution of Boric Acid. Ten grains of Boric Acid to the ounce of Rectified Spirit is a usual solution. An alternative routine treatment is known as the dry method. This consists in dry mopping of the ear with sterile wool, the insufflation of a dry powder consisting of one part of Iodoform to three of Boric Acid, and the careful packing of the meatus with a long wick of sterile half-inch ribbon gauze. These two methods, if carried out by the aural surgeon himself, or by a trained aural nurse, at first daily and subsequently at less frequent intervals, have been very successful in selected cases. All cases improve under one or both of these treatments, and some are cured with a soundly healed drum and perfect hearing. Whatever may be the case in adults, the statement that "it is usual for otitis media which has been allowed to persist for three months to leave some deafness" certainly does not apply to children of school age. Good and even perfect hearing may be obtained by conservative non-operative treatment after many months and, even years, of otitis media.

If the simple methods described above were of universal application, the work of the school aurist would be a sinecure, but they are not, for the failures unfortunately outnumber the successes. The reason of this is perfectly obvious when we consider the pathology of this disease. Not only is the very complicated cavity of the middle ear difficult to drain, but its recesses are beyond the reach of antiseptic solutions introduced within the meatus, particularly when, as is often the case, the perforation in the drum is of pin-hole size. The number of failures is reduced by such procedures as enlargement of the perforation, removal of portions of the drum by punch forceps, and other methods which permits the solution to reach the disease; but even then there are fifty per cent of failures.

The reason of failure is the nature of the infection. Chronic otorrhœa is always due to a mixed infection, often of a very complicated kind, and no one bactericidal solution is able to deal with it. The streptococcus is usually the primary infecting organism in otitis media, but as has been shewn by Boyd-Snee (*Annals of Otology* XXXIII, No. 3, September, 1924) "the secondary infecting organism will often submerge the primary infecting streptococcus, and the latter remain hidden until the secondary infection is cleared." A complete recovery from an apparently uncomplicated, acute, suppurative otitis media was in eleven of the cases he studies followed by a recurrence due to the above cause. Milligan

and Westmacott, in the examination of over 1000 chronic aural discharges, found no less than twenty-one varieties of bacteria. The list they publish is not exhaustive, since it does not include every bacterial form present, but only such as are of interest because of established clinical and pathological associations. For practical purposes we may grade the organisms commonly found in otorrhœa in the following order of frequency. The signs + or - indicate a positive or negative Gram reaction :—

Streptococcus ...	...	...	+
Staphylococcus	...	...	+
Pneumococcus	...	...	+
Diphtheria bacillus	...	...	+
Influenza bacillus	...	...	-
Bacillus pyocyaneus	...	...	-
Tubercle bacillus	...	...	+
Aspergillus niger	...	...	-
Gonococcus	...	...	...

Our ability to deal with these organisms by conservative methods dates from the researches of certain American observers (Churchman, Smith, Hill, Schwartze,) who have shown that certain soluble dyes have a selective bactericidal action upon these various organisms. My own experience is so far limited for, owing partly to the cost of the necessary drugs, and partly and chiefly to the time and personal care which must be expended in their efficient application, they have been used only in a few selected cases. As I hope in the future to publish a detailed report upon this treatment and its results, it will be sufficient for the present to summarise as follows our present knowledge of the dye-substances used in bacteriostasis :—

- (1) Meroxyl, which is sodium hydroxy-mercuribenzophenone sulphonate, acts chiefly on gram-negative organisms.
- (2) Gentian violet acts chiefly on gram-positive organisms.
- (3) Neutral acriflavin acts upon both gram-negative and gram-positive organisms.
- (4) Mercurochrome acts upon both gram-negative and gram-positive organs, but its action is erratic. That is to say, it affects some strains more than others. The action is strongest against gram-negative organisms.

- (5) The bacillus pyocyaneus is not killed by any of the above drugs, but is killed immediately by dilute acetic acid.
- (6) Meroxyl and gentian violet cannot be mixed.
- (7) Gentian violet can be mixed with neutral acriflavin, and the mixture is stronger against gram-positive organisms than either preparation alone.
- (8) Meroxyl and acetic acid can be mixed, and so the gram-positive organisms and the bacillus pyocyaneus dealt with by one solution.

Neutral acriflavin, gentian violet and mercurochrome are used in 1 per cent. solution and 20 per cent. alcohol. Meroxyl is used in 0.5 per cent. solution in sterile distilled water. Free opening of the tympanum, and, when necessary, partial excision of the drum, is all essential. The tympanum having been opened, either under local or general anæsthesia, the subsequent technique is that of Schwartz, which may be best described in his own words :—“ After the external auditory canal and middle ear are thoroughly cleansed with the peroxide (hydrogen peroxide in half strength is employed) a half medicine dropper of the meroxyl and acetic acid solution is introduced into the external auditory canal. This solution is washed back and forth, in order to force the solution into the middle ear, so that it may act directly on the organisms. Thus the drug acting on the gram-negative organisms and the drug acting on the pyocyaneus have been employed. The ear is again dried by suction and by cotton applications. A few drops of the gentian violet and neutral acriflavin are then instilled into the ear and a piece of cotton placed in the external auditory canal to prevent overflow. This is left undisturbed until the next treatment. You have now employed the drug acting mainly on the gram-positive organisms.”

The only modification which I have made in this treatment is to reduce the strength of the acriflavin solution. The solution of 1 per cent. recommended by Schwartz is very much too strong, and is apt to produce eczematous dermatitis. One in a thousand is quite strong enough. All these solutions should be kept in blue or amber bottles, and should be dated. No solution should be older than four weeks. In private practice it is convenient to make up no more than two ounces at a time of any one of these dyes. All solutions should have the date of preparation written on the label.

Cases which resist one form of antiseptic treatment are often amenable to another. Where one drug fails another succeeds. Iodine, phenol and, above all, protosil are to be kept in mind. Whatever antiseptic, or combination of antiseptics, we may employ, there are certain conditions which must be fulfilled by the selected solution :—

- (1) It must be highly antiseptic.
- (2) It must be non-toxic in the strength employed.
- (3) It must be non-irritating.
- (4) It must not coagulate albumen.
- (5) It must not inhibit phagocytosis.
- (6) It must favour healthy granulation by the stimulation of connective tissue cells.

Iodine, phenol, protosil, and the dye-substances under discussion fulfil all these conditions, but, in case of failure, a cure may sometimes be obtained by strong solutions of nitrate of silver, which fulfils none of them.

I wish again to call your attention to a method of treatment of Otorrhœa known as the “ionization” method, and which has now become firmly established. It is largely adopted by Aural Surgeons as the treatment of selection. Its merits lie in the large percentage of cures and the rapidity with which this result is secured.

The treatment of chronic suppurative disease of the middle ear by the zinc ionization method, introduced into this country by Freil, has now passed its experimental stage. During the past three years it has been thoroughly tested by British Aurists, who have reported their results in the *Journal of Laryngology*, and the method has moreover been fully discussed at meetings of our Otological Section of the Royal Society of Medicine. The considered opinion of Aural Surgeons in general at the time of writing may be expressed as follows :—

- (1) In children of school age 50 per cent. of cases of Otorrhœa are curable by the ordinary conservative intra-mental treatment carried out as a routine procedure at all Clinics, and are best treated by these.

- (2) Of the remaining 50 per cent. there are half, or 25 per cent. of the whole, who cannot be cured by any method short of operation.
- (3) The remaining 25 per cent., which do not require operation, but resist ordinary methods of treatment, are curable by zinc ionization. In the majority of these one application has been found sufficient.

Contra-indications.

The following types of cases are unsuitable :—

- (1) Cases with untreated naso-pharyngeal conditions, *i.e.*, adenoids, rhinitis, paranasal sinusitis. If these conditions are not first treated, re-infection is a certainty.
- (2) Granulations in the tympanum or antrum. These are incurable without either an intra-tympanic or mastoid operation.
- (3) Posterior perforations. A posterior perforation indicates mastoid involvement. Such cases are entirely unsuitable; they always need operation.
- (4) Attic perforation. This is almost invariably a sign of cholesteatoma. Such cases are quite unaffected by ionization. I have several cases in which careful daily washing out of the attic and injection of alcohol has resulted in an apparent cure, but usually they resist all treatment short of cutting away the external attic wall, and even this frequently fails. The head of the hammer bone is nearly always necrosed.
- (5) Anterior perforations with chronic tubo-tympanitis. The accompanying chronic infection of the Eustachian tube is unaffected by the ionization method as at present applied, and form an absolute contra-indication.

Suitable Cases.

Cases of pure tympanic suppuration with central perforations are the only type in which the method is constantly successful. These, however, constitute 50% of the cases which do not require operation and yet resist the routine method of treatment.

Zinc ionization is easy to apply, once the case has been diagnosed and selected: the expense of maintenance is negligible apart from the moderate initial cost of the apparatus, and the results in suitable cases are more than encouraging. As Surgeon to the Ear and Throat Clinic of the School Medical Service, I strongly recommend this method to your favourable consideration.

The following table gives particulars of the cases dealt with at the Clinic during the year :—

Brought forward	...	...	27
New Cases	...	...	126
Required Treatment	...	..	106
Treatment given at Clinic	...		49
Referred to Operative Clinic	...		52
Referred to Leigh Infirmary	...		2
Referred to Private Doctor	...		3
Inspected after Operation at			
Operative Clinic	...	...	95
Re-examinations	...	...	91
Total Attendances	...	...	312
Cured	..	...	33
Still under Treatment...	...		16
Lost sight of	...	...	27

Nature of Disease :—

Otorrhoea.	Deafness.	Otorrhoea. and Deafness.	Adenoids.	Enlarged Tonsils.	Tonsils and Adenoids.	Fracture of Nose.	Rhinitis	Deflected Septum.	Aural Polypus.	Nasal Polypus
66	15	4	30	3	13	1	4	2	1	1

I would express my appreciation of the facilities provided for carrying on the work of the Clinic and the care of the Clinic Nurse in carrying out my instructions, and particularly desire to emphathise my indebtedness to the M.O.H., without whose co-operation this valuable work could never even have been commenced.

I am,

Yours obediently,

F. PEARCE STURM, M.Ch.,
Hon. Surgeon to the Clinic.
Hon. Surgeon to the Operative
Clinic.
Hon. Surgeon and Otologist,
Leigh Infirmary.

Annual Report of the Operative Clinic.

Staff :—Surgeon, Dr. F. PEARCE STURM, M.Ch.

Anæsthetist, Dr. J. Jones, M.D.

Clinic : Stone House.

A.—Report of Surgeon.

To the School Medical Officer.

Sir,

This Clinic was established on account of the extreme difficulty of getting Enlarged Tonsils and Adenoids efficiently treated through the agency of the parents. Very few, even of the cases found to be drifting into Deafness, Chronic Otorrœa, etc., were operated on and we seemed to be ploughing the sands. A considerable list of suitable cases had consequently accumulated.

The mere presence of Enlarged Tonsils does not constitute a qualification for operation, and very few of the cases dealt with suffered from Enlarged Tonsils only. The presence of Adenoids, however small, is considered to necessitate operative treatment. The majority dealt with so far have developed into the stage of exhibiting unmistakable objective signs, but it is hoped when the older and more urgent cases have been dealt with to treat at an earlier stage, and thus prevent the more or less permanent physical effects.

With regard to the method of operation, adenoids are removed by the La force adenmatome, an instrument whose value it is impossible to over-estimate. Diseased or hypertrophied tonsils are enucleated complete in their capsule by the Sluder method. I have used this method in all cases since 1911, and have yet to meet one to which it is inapplicable.

The following table gives details of the work carried out during the calendar year 1925 :—

Adenoids.	Tonsils.	Adenoids and Tonsils.	Boys.	Total	Girls.
56	6	59	50	121	71

The results have been far superior to what is usually met with after out-patient treatment at hospitals, etc. Being in touch with most of these children in connection with the Aural Clinic, I am in a position to assess their permanent cure.

I am,

Yours obediently,

F. PEARCE STURM, M.Ch.,

Surgeon.

B.—Report of Anæsthetist.

To the School Medical Officer.

Sir,

During this year considerable use has continued to be made of Ethyl Chloride as an anæsthetic.

In some of the less severe cases of Adenoids only, it has in itself been sufficient for the operation, and has been followed by almost immediate awakening.

In other cases, particularly with nervous children, it has been employed with the object of putting them rapidly under, thereby shortening any stage of fear ; fear being one of the chief dangers of anæsthetic. In these cases the anæsthetic has been completed and maintained by ether.

It must be said, however, that there is remarkably little fear amongst the children, by reason of the excellent arrangements made for them. Their reception in different rooms before and after the operation, the general care taken of them, and no doubt the instruction they receive from other children and from parents who have satisfied themselves as to the conditions, all appear to induce calmness and confidence in the patients. A word of appreciation of the kindness of the nurses may be added.

By reason of this confidence it is possible in most instances to depend entirely on a mixture of Chloroform 2 parts and Ether 3 parts, which continues the most satisfactory anæsthetic in this Clinic ; giving ample time for the rapid procedure of the operator, and being followed by quick recovery of consciousness after the operation.

As in previous years, the children are examined before the anæsthetic and again before being sent home. Arrangements are still in existence to keep them in the House overnight if necessary, but in the past year this has not been required.

I am,

Yours faithfully,

JOSEPH JONES, M.D.,

Anæsthetist.

Annual Report of the Dental Clinic.

Staff :—Mr. E. ENTWISLE, L.D.S.

To the School Medical Officer.

Sir,

I beg to submit my report for the work done at the School Dental Clinic during the year ending 31st December, 1925.

I have given four sessions per week to inspections and treatment. The routine inspection was carried out at all the Schools, and I examined the teeth of :—

- (a) All children aged 5 to 10 years.
- (b) All children previously treated at the Clinic.

After inspection the parents of those children requiring treatment are notified of the fact and asked to have their child's teeth attended to by their own Dentist. The children are next sent for to the Clinic to see whether the work has been done. If not, the necessity for it is explained and the parent's consent to the treatment being done, is obtained, if possible.

You will see that we are taking older children than previously, the ages now being 5 to 10 years ; this necessitates treating more of the permanent teeth ; and although none of these ought be extracted if the parents had attended to the advice given them at the Clinic when the child was younger, nevertheless there is a certain percentage of permanent teeth that has to be extracted, for which a general anæsthesia is more or less a necessity. As an anæsthetist has now been appointed, I have every confidence that in the future this problem will be better dealt with.

I am glad to say that the parents are more clearly recognising the importance of Dental Hygiene, and more children are coming for treatment without being sent for.

Under Section D. Table IV., I append a summary of the work done during the year.

My thanks are due to my colleagues in the School Medical Service for their ready assistance in my work and also to the teachers for their help during the inspections.

I am,

Yours obediently,

EDWARD ENTWISLE, L.D.S.,
Dental Surgeon.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—								
Entrants	...	...	...	...	...	...	...	886
Intermediates	...	...	...	...	...	...	...	650
Leavers	...	...	...	...	...	...	...	494
Total	...	...	...	...	...	...	...	2030
Number of other Routine Inspections								606

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	...	...	1048
Number of Re-inspections	...	...	...	...	...	...	...	661
Total	...	...	...	...	...	...	...	1709

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
1	2	3	4	5				
Skin	Malnutrition	...	...	...	2		32	
	Uncleanliness	...	...	...				
	(See Table IV., Group V.)							
	Ringworm :							
	Scalp	...	...	...			14	2
	Body	...	...	...			2	
Eye	Scabies	...	...	...				
	Impetigo	...	...	...	22		33	11
	Other Diseases (non-Tuberculous).						1	
	Blepharitis	...	...	...	40		13	
	Conjunctivitis	...	...	...			45	
	Keratitis	...	...	...	4			2
Ear	Corneal Opacities	...	...	...				
	Defective Vision (excluding Squint)	...	...	...	209	4	301	37
	Squint...	...	...	...	48		20	3
	Other Conditions	...	...	...				
Ear	Defective Hearing	...	...	...	5	1	12	
	Otitis Media	...	...	...	33		15	
	Other Ear Diseases	...	...	...	5		4	

					1	2	3	4	5
Nose and Throat	{	Enlarged Tonsils only	...	...	70	108	99	37	
		Adenoids only	...	...	55	11	52		
		Enlarged Tonsils and Adenoids	...	...	25	6	34	1	
		Other Conditions	...	...	5	4			
Enlarged Cervical Glands (Non-Tuberculous)						3	1	1	
Defective Speech					3			1	
Teeth—Dental Diseases									
(See Table IV., Group IV.)									
Heart and Circulation.	{	Heart Disease :							
		Organic	...	...		25		2	
		Functional	...	...		9			
Lungs	{	Anæmia	...	...	146		22	53	
		Bronchitis	...	...	31		11		
Tuberculosis	{	Other Non-Tuberculous Diseases	...	...			2		
		Pulmonary :							
		Definite	...	...			3	1	
		Suspected	...	...					
		Non-pulmonary :							
		Glands	...	...			3	2	
		Spine	...	...		1	1		
		Hip	...	...			3	1	
		Other Bones and Joints	...	...			1		
		Skin	...	...					
Other Forms	...	...			2	2			
Nervous System	{	Epilepsy	...	...					
		Chorea	...	...					
		Other Conditions	...	...					
Deformities	{	Rickets	...	...		3	1		
		Spinal Curvature	...	...					
		Other Forms	...	...			2		
Other Defects and Diseases					31	37	178	200	

B.—NUMBER OF *individual children* FOUND AT *Routine Medical Inspection* TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group. 1	Number of Children.		Percentage of Children found to require treatment. 4
	Inspected. 2	Found to require treatment. 3	
CODE GROUPS :			
Entrants	886	331	37%
Intermediates ...	650	336	51%
Leavers	494	297	61%
Total (Code Groups) ...	2030	964	47·48%
Other Routine Inspections ...	606	35	5·7%

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA.

			Boys.	Girls.	Total.
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	1		1
		Attending Public Elementary Schools ...		1	1
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...		1	1
		Attending Public Elementary Schools ...			
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	2	1	3
		Attending Public Elementary Schools ...			
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...		1	1
		Attending Public Elementary Schools ...	1	1	2
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ...	2	2	4
		Attending Public Elementary Schools ...	3	6	9
		At other Institutions ...	2	1	3
		At no School or Institution ...			
Epileptics.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...		2	2
		In Institutions other than Certified Special Schools...			
		Attending Public Elementary Schools ...			
		At no School or Institution ...			
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ...	1		1
		At no School or Institution ...	1	1	2

			Boys.	Girls.	Total.
Physically Defective	Infectious Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At other Institutions At no School or Institution ..	1 6	2 7	3 13
	Non-infectious but Active Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools At other Institutions At no School or Institution ...	4 5	3 6	7 11
	Delicate Children (e.g., pre- or latent Tuberculosis, Malnutrition, Debility, Anæmia, etc.)	At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools At other Institutions At no School or Institution ...	1 46 5	4 153 18	5 199 23
	Active Non-Pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board At Public Elementary Schools At other Institutions At no School or Institution ...	10 8	14 12	24 20
	Crippled Children (other than those with Active Tuberculosis Disease), e.g., Children suffering from Paralysis, &c., and including those with Severe Heart Disease.	At Certified Hospital Schools At Certified Residential Cripple Schools At Certified Day Cripple Schools At Public Elementary Schools At other Institutions At no School or Institution ...	1 32 2	24	1 56 2

TABLE IV.—RETURN OF DEFECTS TREATED DURING
THE YEAR ENDED 31ST DECEMBER.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

Disease or Defect. 1	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. 2	Otherwise. 3	Total. 4
<i>Skin—</i>			
Ringworm-Scalp	15	5	20
Ringworm-Body	25	6	31
Scabies	—	—	—
Impetigo	186	10	196
Other Skin Disease... ..	30	6	36
<i>Minor Eye Defects—</i> (External and other, but excluding cases falling in Group II.)	102	31	133
<i>Minor Ear Defects—</i>	42	20	62
<i>Miscellaneous—</i> (e.g. minor injuries, bruises, sores, chil- blains, etc.)	195	56	251
Total	595	134	729

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease. 1	Number of defects dealt with.			
	Under the Authority's Scheme. 2	Submitted to refraction by private prac- titioner or at hospital, apart from the Authority's Scheme. 3	Otherwise. 4	Total. 5
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report) ..	179	9		188
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)				
Total	179	9		188

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	...	...	...	...	171
(b) Otherwise	...	...	...	...	9

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	...	...	...	...	171
(b) Otherwise	...	...	...	...	9

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme, in Clinic or Hospital. 1	By Private Practitioner or Hospital, apart from the Authority's Scheme. 2	Total. 3		
121	4	125	63	188

Group IV.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	5...	771	Total... 4002
	6 ..	539	
	7...	546	
	8...	611	
	9...	693	
	10..	742	
	11 ..	46	
	12...	31	
	13...	22	
	14 ..	1	

Specials 39

Grand Total ... 4041

(b) Found to require treatment 2206

(c) Actually treated 400

(d) Re-treated during the year as the result of periodical examination 104

(2) Half-days devoted to { Inspection... 12 } Total 167
 { Treatment... 155 }

(3) Attendances made by children for treatment... .. 1757

(4) Fillings	$\left\{ \begin{array}{l} \text{Permanent teeth... 172} \\ \text{Temporary teeth... 136} \end{array} \right\}$	Total	..	...	...	308
(5) Extractions	$\left\{ \begin{array}{l} \text{Permanent teeth... 59} \\ \text{Temporary teeth... 940} \end{array} \right\}$	Total	...	...	...	999
(6) Administration of general anaesthetics for extractions—						Nil.
(7) Other operations	$\left\{ \begin{array}{l} \text{Permanent teeth.. 61} \\ \text{Temporary teeth... 128} \end{array} \right\}$	Total	...	...	...	189

Group V.—Uncleanliness and Verminous Conditions.

- (i) Average number of visits per school made during the year by the School Nurses...16
- (ii) Total number of examinations of children in the Schools by School Nurses...17,059
- (iii) Number of individual children found unclean.. 1021
- (iv) Number of children cleansed under arrangements made by the Local Education Authority...Nil
- (v) Number of cases in which legal proceedings were taken :
 - (a) Under the Education Act, 1921...Nil
 - (b) Under School Attendance Byelaws...Nil







